

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5/7/03.

I. DISPUTE

Whether there should be reimbursement for 99255 x 1 and 99223 x 11 – Initial Hospital Care from 10/26/02 through 11/6/02 denied on the basis of “L” – not the treating doctor and “E” – entitlement.

II. RATIONALE

Commission records indicate that a TWCC-21 was not filed by the carrier disputing entitlement of the claimant’s injuries related to the disputed services. Although the carrier brought up the same reason for denial in their response, per “Rule 124.3(c) Texas Labor Code, §409.021 and subsection (a) of this section do not apply to disputes of extent of injury. If a carrier receives a medical bill that involves treatment(s) or service(s) that the carrier believes is not related to the compensable injury, the carrier shall file a notice of dispute of extent of injury (notice of dispute). The notice of dispute shall be filed in accordance with §124.2 of this title and be filed not later than the earlier of:

- (1) the date the carrier denied the medical bill; or
- (2) the due date for the carrier to pay or deny the medical bill as provided in Chapter 133 of this title.”

As a TWCC-21 was not timely filed, the dispute will be reviewed solely on the basis of “L” – not the treating doctor.

The Texas Workers Compensation Act, Section 408.021(a)(3)(c), states, “Except in an emergency, all health care must be approved or recommended by the employee’s treating doctor.”

The medical reports submitted by the requestor make it clear that the injured worker’s “suicidal ideations” put this hospital admission in the category of an emergency admission. Per medical documentation the injured worker was admitted to the hospital by an internist, who called upon the requestor as a psychiatric referral. As the only reason for the admission was psychiatric in nature, it was necessary for the requestor to treat the injured worker during the entire hospital stay. On this basis, reimbursement is recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 99255 x 1 and 99223 x 11 – Initial Hospital Care from 10/26/02 through 11/6/02 in the amount of **\$1,336.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1,336.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 22nd day of April 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb